

**CERTIFICATE OF MAILING OR TRANSMISSION**

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Date: June 25, 2007

Name: Eunice K. Chang

Signature:

Eunice K. Chang
Clifford Chance US LLP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No. 80-20703727 (formerly 7190-205)

In re Application of: Iouri Kloubakov, et al.

Filed: January 30, 2002

Group Art Unit: 3627

Serial No: 10/060,423

Examiner: Joseph A. Fischetti

For: MULTI-DEVICE SUPERVISOR SUPPORT
FOR SELF-CHECKOUT SYSTEMS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Petition for Extension of Time under 37 C.F.R. §1.136(a)

Sir:

This is a request under the provisions of 37 C.F.R. §1.136(a) to extend the period for filing a reply to the Final Office Action dated November 15, 2006.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

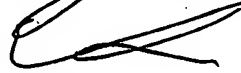
	<u>Fee</u>	<u>Small Entity</u> <u>Fee</u>
<input type="checkbox"/> One month (37 C.F.R. §1.17(a)(1))	\$120.00	\$60.00 \$
<input type="checkbox"/> Two months (37 C.F.R. §1.17(a)(2))	\$450.00	\$225.00 \$
<input checked="" type="checkbox"/> Three months (37 C.F.R. §1.17(a)(3))	\$1,020.00	\$510.00 \$ 1,020.00
<input type="checkbox"/> Four months (37 C.F.R. §1.17(a)(4))	\$1,590.00	\$795.00 \$
<input type="checkbox"/> Five months (37 C.F.R. §1.17(a)(5))	\$2,160.00	\$1,080.00 \$

☐ Applicant claims small entity status. (See 37 C.F.R. §1.27)

06/29/2007 EAREGAY1 00000027 500521 10060423
03 FC:1253 1020.00 DA

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0521. I have enclosed a duplicate copy of this sheet.

Respectfully submitted,



Date: June 25, 2007

Eric A. Lerner
Reg. No. 46,054

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31 West 52nd Street
New York, NY 10019-6131
Telephone: (212) 878-8232

**UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231**

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>10/24/07</u>		2 Serial/Patent # <u>10/060,423</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
X	Extension of Time	wfee	06/29/07	\$ 1,020.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND								
			\$ 1,020.00								
8 TO BE REFUNDED BY:											
		Treasury Check									
		X Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">1</td></tr></table>			5	0	--	0	5	2	1
5	0	--	0	5	2	1					
10 REASON:											
	Overpayment										
	Duplicate Payment										
X	No Fee Due (Explanation):										
Extension filed after extendable period											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Sherry D. Brinkley</u>		TITLE: <u>Petitions Examiner</u>									
SIGNATURE: <u><i>Sherry D. Brinkley</i></u>		PHONE: <u>2-3204</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u><i>[Signature]</i></u>		DATE: <u>10/25/07</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: